## State of Rhode Island and Providence Plantations

PROVIDENCE, SC	WORKERS' COMPENSATION COURT
Name of health care provider:	Employee to whom services were furnished:
Petitioner	Patient Name
Address	Address
	Social Security Number
Name of Patients' Employer	Insurance Carrier of Employer
Business Address	Address
Agent for service of process (if a corporation or partnership)	
Address	
Petition For An Order Concerning	g Payment For Medical Services.
The petitioner requests an order for the payment of n Compensation Act, which were furnished by the petition of this petition says:	nedical or related services, as defined in the Workers' er to the above named injured employee, and in support
1. The above named employer is liable for the payment agreement or decree concerning compensation. A COPY SUCH LIABILITY IS ATTACHED HERETO.	t of such medical and related services by reason of an OF THE AGREEMENT OR DECREE ESTABLISHING
2. The services furnished were necessary in order to cure, injury which was sustained on (Date of Injury) occupational disease which caused disablement on said	, or from the effects of an
3. The petitioner has complied with all requirements of the and bills; and permission for surgery, if applicable. (Sec	
4. AN ITEMIZED BILL IN TRIPLICATE, showing dapayments received, is filed herewith.	ates, nature of services, charges, and credits for any
5. Petitioner states that twenty-one (21) days have passe or insurer or written notice to the employer or insure (Section 28-35-12).	
Name, Address and Bar Registration Number of Attorney for Petitioner	

File three copies with Administrator of Workers' Compensation Court, J. Joseph Garrahy Judicial Complex, 1 Dorrance Plaza, Providence, Rhode Island 02903-3973. Attach an exact copy of the preliminary agreement or decree which establishes the liability of the employer for benefits under the Workers' Compensation Act and an itemized bill, in triplicate.

Signature of Petitioner